

inferential anomaly is avoided using OR, with odds of progression (0.83) the reciprocal of that for no progression (1.21), and ARD of 4.1% in favor of Nataluzimab with progression or no progression. For direct comparisons ARD is shown to be consistently estimated with OR but change with framing of effects using RR wherever epidemiological risk differs from trial risk in the comparator arm. **CONCLUSIONS:** Odds ratios allow consistent estimation of absolute risk differences regardless of framing of effects in direct and indirect comparisons. This overcomes inferential anomalies that arise with use of relative risk in such comparisons whenever base risk differs in the jurisdiction of interest from that in trials, or base risk in the common arms differs in indirect comparisons. Consequently, odds ratios avoid selection biases in framing of effects inherent with risk ratios and are suggested as the preferred metric in estimating such risk differences.

PMC61

THE IMPLICIT VALUE OF STATISTICAL LIFE: ESTIMATES DERIVED FROM PUBLIC INTERVENTIONS IMPLEMENTED IN THE NETHERLANDS

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OBJECTIVES: The economic literature suggests the Value of Statistical Life (VSL) as a common measure of efficiency for life saving interventions throughout different societal sectors. Policy decisions in The Netherlands have not yet been explicitly based on this measure, however a trade off between wealth and mortality risk is made implicitly when deciding whether or not to implement a life saving intervention. This study aimed to gain insights into this trade off, referred to as Implicit Value of Statistical Life (IVSL), by means of a retrospective investment analysis of interventions implemented in The Netherlands. **METHODS:** A literature search was conducted to find life saving intervention cases meeting the requirements for a uniform IVSL calculation and additional inclusion criteria. A sample of 10 cases was included in the study and concerned interventions implemented in the water control, consumer safety, transport and health care sector. **RESULTS:** IVSL estimates derived from the cases ranged from €1 to almost €11 million. Differences were most extreme when comparing IVSL estimates of interventions implemented in different societal sectors. However, estimates also varied greatly between interventions in the same sector and even within the same intervention, when critical assumptions were altered. **CONCLUSIONS:** Despite limited comparability of IVSL estimates, our findings suggest that there are great imbalances between societal investments for preventing a statistical death. This highlights the need to develop ways to increase transparency and efficiency of policy decisions by systematically taking the Value of Statistical Life into account. Given the conceptual problems inherent to the IVSL, future research should focus on the potential merit of explicit VSL measures for decision making. Since the consequences of life saving interventions are not restricted to mortality reduction, research should also address the question whether there is a need to incorporate broader health and other consequences of life saving interventions in the measure of efficiency.

PMC62

UNIVERSAL TRANSLATION AND NEUROPSYCHOLOGICAL COMPARISONS OF PATIENTS FROM US-MEXICO BORDER REGION AND SPAIN

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OBJECTIVES: There are two main approaches to questionnaire translation for languages spoken in multiple countries called “universal approach” and “country specific approach”. The universal approach postulates that one translation can be developed via participation and consensus between native speaking translators from various countries where that language is spoken. Demonstrating that the universal approach is possible for questionnaires has been the life work of neuropsychologist Dr. Lidia Artiola Fortuny. **METHODS:** This poster will share the results of a study published in the Journal of the International Neuropsychological Society where participants from the US-Mexico border region (N = 185) and Madrid, Spain (N = 205) were compared on 16 Spanish language neuropsychological measures, with special attention to avoid item content that was specific to one geographic group. Differences in socio-economic, education and health were considered. Samples were drawn from volunteers in each community between the ages of 18 and 76 with 0 to 20 or more years of formal education who claimed Spanish as their first language and demonstrated native fluency in the language. Participants were excluded from the study if they had past neurological, emotional, psychological issues or learning difficulties. **RESULTS:** Analyses of variance were performed to study place of birth effects on performance on each measure. Findings indicate that the populations from Spain and the Borderland obtained similar results for most of the measures. Participants did not report difficulties with the instructions or test items. **CONCLUSIONS:** Dr. Artiola Fortuny asserts that Spanish speaking populations do not differ any more than mainstream English speaking populations such as the United States, England or Australia, and that one should capitalize on the great amount of linguistic overlap across populations that share the Spanish language.

PMC63

SYSTEMATIC REVIEW RELIABILITY: SENSITIVITY AND SPECIFICITY OF ONE VS. TWO REVIEWS

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OBJECTIVES: In a systematic review of literature, reviewing abstracts twice by two reviewers improves the likelihood of correctly including relevant citations and excluding irrelevant ones. During the second abstract review, the reviewer has had more exposure to the literature, and thus may be more accurate than the first reviewer. A statistical model was fitted to determine between-reviewer and between-review reliability and variation. **METHODS:** Inclusion/exclusion decisions made by two reviewers in the abstract review stage of six recently conducted clinical and economic systematic reviews were analysed in the context of the final inclusion/exclusion decision. For the first and second reviewers, sensitivity (the proportion of correctly included citations) and specificity (the proportion of correctly excluded citations) were modelled using bayesian poisson regression. **RESULTS:** Across one economic and five clinical systematic reviews, the sensitivity of reviewer one ranged from 82% to 95%; the second reviewer's sensitivity ranged from 80% to 98%. The specificity of reviewer one ranged from 94% to 98%; the second reviewer's specificity ranged from 92% to 99%. The pattern of results varied substantially between reviews. In the breast cancer, hyperlipidemia, and anaesthesia reviews, the